

## Notice of Non-Key Executive Decision

<b>Subject Heading:</b>	Waiver to amend weightings for a pilot Stop Smoking Service for people with Serious Mental Illness (SMI)
<b>Decision Maker:</b>	Councillor Gillian Ford – Lead Member for Health
<b>Cabinet Member:</b>	Councillor Gillian Ford – Lead Member for Health
<b>SLT Lead:</b>	Mark Ansell, Director of Public Health
<b>Report Author and contact details:</b>	<p>Kate Ezeoke-Griffiths Senior Public Health Specialist Kate.Ezeoke-Griffiths@havering.gov.uk</p> <p>Elaine Greenway Public Health Consultant</p>
<b>Policy context:</b>	<p>According to the Havering Joint Strategic Needs Assessment (JSNA), people with severe mental illness die on average 10 - 20 years sooner than the general population. Cardiovascular disease, respiratory illness and cancers are the main causes of the observed gap in life expectancy, in part due to the very high prevalence of smoking (and heavier smoking) amongst people with mental health problems. Over 1,700 people across BHR are recorded as smokers with SMI.</p> <p>Reducing the prevalence of smoking across the borough, particularly in disadvantaged communities and by vulnerable groups forms part of the Havering Health and Wellbeing Strategy and the partnerships prevention agenda. People with SMI are recognised as a vulnerable group.</p> <p>The ICB is working with local partners to address inequalities and has provided funding for an 18-month pilot stop smoking service that will offer an innovative range of services to assist people with SMI to quit smoking and reduce tobacco harm.</p>
<b>Financial summary:</b>	The pilot stop smoking service for people with serious mental illness (SMI) will be funded by the

**Non-key Executive Decision**

	NHS North East London (NEL) Integrated Care Board (ICB) Inequality funding allocation. £79,000 has been allocated to pilot the service for an 18-month period.
<b>Relevant OSC:</b>	Health
<b>Is this decision exempt from being called-in?</b>	Yes

**The subject matter of this report deals with the following Council Objectives**

People - Things that matter for residents **X**

Place - A great place to live, work and enjoy

Resources - A well run Council that delivers for People and Place.

## **Non-key Executive Decision**

### **Part A – Report seeking decision**

#### **DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION**

##### **RECOMMENDATIONS**

The report seeks permission to change the weighting from the standard 70% Price and 30% Quality split to 50% Price and 50% Quality in procuring the service to ensure the service offers a full range of interventions including intensive and flexible support, to people with SMI to maximise the opportunity to quit smoking and reduce tobacco harm and thereby reduce the high level of mortality and ill health among this group arising from smoking.

#### **AUTHORITY UNDER WHICH DECISION IS MADE**

Part 3.2 [Executive Functions] of the Council's Constitution

Para 2.5 The following Functions may be delegated to individual Cabinet members by the Leader.

Each individual Cabinet member, as appropriate, may be delegated one or more of the following functions, within the portfolio allocated to him or her by the Leader. If a Cabinet member is unable to act, the Leader may act on his or her behalf, or may authorise another Cabinet member to do so. Matters delegated to individual Cabinet members under this section give them individual decision making powers. Where any paragraph refers to 'in conjunction with' or 'in consultation with' the decision remains that of the individual Cabinet member

(g) To approve an exception to the Contracts Procedure Rules set out in Part 4 of this constitution, in accordance with Rule 14(1) of those Rules.

Part 4.4 [Contracts Procedure Rules] of the Constitution

14.1 No exception to these Rules shall be permitted except upon approval by an individual Cabinet member using an Executive Decision or by some other provision in this Rule. The report shall set out the background, the rule being waived, the reasons the waiver is required, how value for money will be demonstrated, any legal or financial risks or implications and shall be approved by the Director of Legal and Governance and the Chief Executive.

#### **STATEMENT OF THE REASONS FOR THE DECISION**

##### **Background**

Serious Mental Illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired<sup>1</sup>. Examples of SMI include Schizophrenia and bipolar disorders.

---

<sup>1</sup> <https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities->

## **Non-key Executive Decision**

A large body of research has documented the high levels of smoking amongst those with SMI and the disproportionate impact on their health. This includes evidence that:

- Over 26.8% of adults with long-term mental health conditions smoke, with rates rising higher in those with more severe mental illness.
- Smokers with SMI are more nicotine dependent, more likely to develop smoking-related illnesses and die, on average, 10 - 20 years earlier than the general population.
- Smoking is the single largest cause of the life expectancy gap within this group with estimates of 50% of deaths in people with SMI attributable to smoking<sup>2</sup>.
- Cardiovascular disease, respiratory illness and cancers are the main causes of the observed gap in life expectancy, resulting in part from the very high prevalence of smoking amongst this group<sup>3</sup>

In Havering, smoking amongst people with serious mental illness is nearly 4 times greater than the general population, at 39.4% compared to the smoking level among general adult population, which is 10.3% according to data from the Tobacco Control Dashboard<sup>4</sup>.

### **The Proposed Service Model**

The proposed service model has been informed by extensive review of the evidence of smoking among people with serious mental illness, guidance from NICE and NCST, focussed discussions with potential providers, and learnings from other boroughs delivering tailored mental health stop smoking service. In addition, information from a local Tobacco Harm Reduction workshop held on 28 June 2023 and survey of people living with mental health conditions, have helped to shape the service model.

The standard stop smoking service recommended by NICE Guideline (2021) NG209 consists of advice, behavioural support, the provision of Nicotine Replacement Therapy (NRT) and vapes. The Guideline advises using a combination of short acting and long acting NRT or vapes together with behavioural support which is more likely to result in a successful quit.

Evidence from a range of studies indicate that smokers with mental health problems are more likely to report motivation to stop smoking<sup>5</sup>, are more likely to show harm reduction behaviours like cutting down and using e-cigarettes, but require more intensive support to quit and may have higher quit rates if treatments are adapted or tailored to meet their needs.

### **The change to the price/ quality weighting**

The standard weighting for evaluation of tenders as stipulated in the Contracts Procedure Rule 18.4 is 70% cost and 30% quality.

However, a change towards a higher weighting on quality-with a split of 50% price and 50% quality is recommended for this procurement for the following reasons:

---

[briefing#:~:text=The%20phrase%20severe%20mental%20illness,an%20SMI%20%5Bfootnote%201%5D.](#)

<sup>2</sup> Callaghan, 2014 published in <https://pubmed.ncbi.nlm.nih.gov/24139811/>

<sup>3</sup> <https://www.haveringdata.net/joint-strategic-needs-assessment/>

<sup>4</sup> [Microsoft Power BI](#)

<sup>5</sup> [Mental health, smoking, harm reduction and quit attempts – a population survey in England | BMC Public Health | Full Text \(biomedcentral.com\)](#)

### **Non-key Executive Decision**

- The service model has been based on extensive research which shows that tailored, intensive and flexible support with a combination of medication and vapes offers the best opportunity to those with SMI to either quit smoking and or reduce the amount of tobacco smoked.
- Using the standard higher weighting of 70% price may encourage potential providers to submit low quotes to secure the service which can impact on the quality and the range of interventions provided
- Reducing the range of interventions and the type of support provided will not offer the maximum opportunity to those with SMI to either quit smoking and or reduce the amount of tobacco smoked.
- Funding for this pilot has been secured from the Health Inequality funding and available for use to offer the most effective service to those experiencing SMI
- Low quality service may result in low number of people engaged in the service and a continuation of high level of smoking and ill health among this group
- People with serious mental illness bear high burden of ill health and experience higher levels of mortality as a result of smoking
- As a pilot project, there will be opportunities to learn lessons about what aspect of quality services give the best outcomes for people with SMI.

It is therefore recommended that the lead member for health authorise the waiver for a change of the weighting towards a higher weighting on quality and to support the development of the service that will offer the maximum opportunity to those with SMI to either quit smoking and or reduce the amount of tobacco smoked and so address the long standing inequalities associated with smoking and SMI

### **OTHER OPTIONS CONSIDERED AND REJECTED**

1. Use standard pricing schedule of 70% cost and 30% quality – this option was rejected due to the potential impact on quality as outlined above.

### **PRE-DECISION CONSULTATION**

#### **NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER**

Name: Kate Ezeoke-Griffiths

Designation: Senior Public Health Specialist

Signature: Kate Ezeoke-Griffiths

Date: 25.08.23

## **Non-key Executive Decision**

### **Part B - Assessment of implications and risks**

#### **LEGAL IMPLICATIONS AND RISKS**

In line with the Council's Constitutional Contract Procedure Rules officers are seeking a waiver from the standard rule in relation to the MEAT criteria. It is a discretionary matter for a Member of the Cabinet to decide. The decision as to pre procurement will follow and be subject to the outcome from this report.

CPR 18.4 requires tenders to be evaluated against the predetermined best price quality ratio of 70% cost and 30% quality weighting. However, CPR 14.1 allows individual Cabinet members to make executive decisions to make exceptions to particular rules. Therefore, the Council can make a decision to make an exception to CRP 18.4 for this tendering process.

#### **FINANCIAL IMPLICATIONS AND RISKS**

This report is seeking approval to waive the Council Procedure rules of evaluating the stop smoking pilot service for people with Serious Mental Illness tender at 70% price and 30% quality and for the tender to be evaluated on the following weightings: 50% Price and 50% quality.

Evaluating the tender on the proposed weightings gives rise to a risk that the tender values may be higher than they would have been if a 70% price 30% quality ratio had been used. However, the quality aspect of this contract is extremely important, a wide range of interventions need to be available for maximum success and therefore increasing the quality % required.

The 18-month pilot is expected to cost £79,000. This pilot is being funded from the ICB Health Inequalities funding and the success of this pilot, which is suggested to be 40 clients to stop smoking, should have cost benefits to the health service with less people having smoking related ill health and requiring health care services.

£11,000 has been allocated to the project from the 22/23 Health Inequalities funding and £68,000 has been allocated to the project from 23/24 Health Inequalities funding. The pilot is due to start in January 2024 and therefore, the costs will span the 23/24, 24/25 and 25/26 financial year. Confirmation has been given that the plans for the pilot were signed off by the Havering Partnership Board and ICB subcommittee in May and therefore any unspent funds will not be clawed back for this project if they are not fully spent by the end of the agreement period.

#### **HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)**

The recommendations made in this report do not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce.

## **Non-key Executive Decision**

### **EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS**

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex/gender, sexual orientation.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

Due to the nature of the contract, it will have a potential to impact all residents living in the Borough. An Equality Impact Assessment has been undertaken and will be kept under review.

### **ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS**

The impacts of tobacco production and smoking include 'pollution, soil degradation and deforestation, contributing to adverse climate change and biodiversity losses.'(Tobacco and the Environment - ASH). Reducing smoking rates through stop smoking services can help mitigate some of these environmental impacts.

### **BACKGROUND PAPERS**

Funding Letter Health Inequalities Havering

### **APPENDICES**

- |                   |  |
|-------------------|--|
| <b>Appendix A</b> | Health Inequality Bid for SMI stop smoking service |
| <b>Appendix B</b> | Model of SMI stop smoking service                  |

## Non-key Executive Decision

### **Part C – Record of decision**

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

#### **Decision**

Proposal agreed

*Delete as applicable*

~~Proposal NOT agreed because~~

#### **Details of decision maker**

Signed



Name: **Councillor Gillian Ford**

Cabinet Portfolio held:

CMT Member title:

Head of Service title

Other manager title:

Date: **12<sup>th</sup> September 2023**

#### **Lodging this notice**

The signed decision notice must be delivered to Democratic Services, in the Town Hall.

#### **For use by Committee Administration**

This notice was lodged with me on \_\_\_\_\_

Signed \_\_\_\_\_